

**SCHEDULE A**

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**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
NEGOTIATED NET AMOUNT  
SCHEDULE "A" PLANNING ESTIMATES  
FY 2006-2007**

Contractor Name: Oasis Counseling Ctrs-RRCAddress: 650 S. "E" St, Ste. C&DSan Bernardino, CA 92408Date Form Completed: 5/17/2004

	PROVIDER NUMBER	36BT							
LINE	MODE OF SERVICE	45							
#	SERVICE FUNCTION	20							TOTAL
<b>EXPENSES</b>									
1	SALARIES	84,863							84,863
2	BENEFITS	24,610							24,610
3	OPERATING EXPENSES	84,350							84,350
4	TOTAL EXPENSES (1+2+3)	193,823							193,823
<b>AGENCY REVENUES</b>									
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)								0
10	CONTRACT AMOUNT (4-9)	193,823							193,823
11	CONTRACT DAYS	365							
12	CONTRACT MONTHS	12							
13	NUMBER OF BEDS	30							30
14	TOTAL CLIENT DAYS (11 * 13)	10,950.00							10,950
15	ANNUAL AMOUNT PER BED (10 / 13)	6,460.77							
16	MONTHLY AMOUNT PER BED (15 / 12)	538.40							
17	DAILY AMOUNT PER BED (10 / 14)	17.70							
18	TOTAL MONTHLY AMOUNT (16 * 13)	16,151.92							16,152

APPROVED:

_____ PROVIDER AUTHORIZED SIGNATURE	_____ DATE	_____ CONTRACTS MANAGEMENT	_____ DATE	_____ DBH PROGRAM MANAGER	_____ DATE
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